BIRCH EWART, KOLASCH & BIR

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO.

1614-203P

PLEASE NOTE: YOU MUST C MPLETE THE FOLLOWING:

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:*

subject matter which is claimed and for which a patent is sought on the invention entitled:* Non-Anaphylactic Forms of Allergens and Their Use. Insert Title Check Box If Appropriate -For Use Without the specification of which is attached hereto unless the following box is checked: Specification as United was filed on Attached States Application Number_ PCT International Application Number_ (if applicable). and was amended on. I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Priority Claimed Prior Foreign Application(s) lissert Priority September 30, XХ 9703531-5 Sweden fiformation (Month/Day/Year Filed) Yes No (Country) (Number) (II appropriate) (Month/Day/Year Filed) Yes No (Country) (Number) (Month/Day/Year Filed) No Yes (Country) (Number) No (Month/Day/Year Filed) Yes (Country) (Number) (Month/Day/Year Filed) No (Country) (Number) I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below. (Filing Date) (Application Number) (Filing Date) (Application Number) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6 Months for Designs) Prior To The Filing Date of This Application: Date of Filing (Month/Day/Year) Application No. Country I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s)

listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Number)	(Filing Date)	(Status — patented, pending, abandoned)
(Application Number)	(Filing Date)	(Status — patented, pending, abandoned)

I hereby apper application and to transact all business are Patent and Trademark Office connected therewith and in connection with the resulting patent base on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

RAYMOND C. STEWART (Reg. No. 21,066) JOSEPH A. KOLASCH (Reg. No. 22,463) JAMES M. SLATTERY (Reg. No. 28,380)

CHARLES GORENSTEIN (Reg. No. 29,271) LEONARD R. SVENSSON (Reg. No. 30,330) MARC S. WEINER (Reg. No. 32,181) JOE McKINNEY MUNCY (Reg. No. 32,334) C. JOSEPH FARACI (Reg. No. 32,350) TERRELL C. BIRCH (Reg. No. 19,382)
ANTHONY L. BIRCH (Reg. No. 26,122)
BERNARD L. SWEENEY (Reg. No. 24,448)
MICHAEL K. MUTTER (Reg. No. 29,680)
GERALD M. MURPHY, JR. (Reg. No. 28,977)
TERRY L. CLARK (Reg. No. 32,644)
ANDREW D. MEIKLE (Reg. No. 32,868)
ANDREW F. REISH (Reg. No. 33,443)

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

(USPTO Approved 3-90) (Revised 8-95) Send Correspondence to: BIRCH, STEWART, KOLASCH AND BIRCH, LLP

P.O. Box 747

Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Ō	-							
Full Natice of First or Sole Inventor:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	(.)	DATE*			
Insert Name of Inventor Insert Date This	Rudolf	Valenta	Long Clerc	Lu I	4,200 (7			
Document Is Signed Insert Risidence	Residence (City, State &	Rudolf Valenta Inventor's SIGNATURE Residence (City, State & Country) Thorasi enfeld Austria						
Insert Citizenship	Theresienfeld,	Austria		1/2310				
Insert Post Office	POST OFFICE ADDRESS	S (Complete Street Address incl	uding City, State & Country)		ŀ			
Address	Beethovenstras	sse 18 A-2604 The	resienfeld, Austria	3	DATE*			
Full Name of Second Inventor, if any:	GIVEN NAME FAMILY NAME INVENTOR'S SIGNA		INVENTOR'S SIGNATURE	0.0	4. NOV. 97			
see above	Susanne	Vrtala	Swanne VMa		4.7000.77			
	Residence (City, State &	Country)		CITIZENSHIP				
	Vienna Austr	AUSTRIAN	USTRIAN					
		S (Complete Street Address inc						
* '	Schenkendorfgasse 14-16/1/9 A-1210 VIENNA Austria							
Full Name of Third Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE* 3 NOV. 1997			
see above	Luca	Vangelista	ha young		3 1000. 1777			
340 400 10	Residence (City, State &	Country)		CITIZENSHIP	1			
	Heidelberg Ge	rmany		1				
	POST OFFICE ADDRES	S (Complete Street Address inc	cluding City, State & Country) Laboratory (EMBL),	Structural Bi	ology Program			
	Meyerhofstras	se 1 D-69000 HEII	JELBERG Germany		DATE*			
Full Name of Fourth Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	//// _	10.Nov.1997			
see above	Hans-Georg	Eichler	160	Touristance	100 10000			
	Residence (City, State &	Country)		CITIZENSHIP	111			
	Vienna Austri	a		AUSTR	1 14 /4			
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country) c/o University of Vienna, Dep. of Clinical Pharmacology, AKH							
	Währinger Gür	tel 18-20, A-1090	VIEWINA AUSTILIA	/}	DATE*			
Full Name of Fifth Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	ν_{m}	4.11.97			
see above	Wolfgang R.	Sperr	1 ide pay	LOTITE VOLUE				
	Residence (City, State &		$v_{\sigma} \circ v_{\sigma}$	CITIZENSHIP				
	Vienna Austri			AU8721A				
*Note: Must be completed — date this document is	POST OFFICE ADDRE	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
signed.	Iglaseegasse	9 A-1190 VIENNA A	ustria					
D 0 et 0								

ert Name of Inventor	Peter	Valent	VVVVV		4.11.159			
Document Is Signed sert Residence	RESIDENCE (City, State	& Country)		CITIZENSHIP	TRIA			
Insert Citizenship	Vienna, Aust	ria		AU.	1 / 1/9			
sert Post Office		SS (Complete Street Address including	ng City, State & Country)					
Address	Schulgasse 7/18 A-11%0 VIENNA Austria							
il Name of	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE			
Inventor, if any:	Christof	Ebner	KM MZ		17.11-17			
see above	RESIDENCE (City, State	& Country)	THE CALL	CITIZENSHIP				
	$\frac{1}{2}$							
	Vienna Austria POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
	c/o Inst. of General and Experimental Pathology, AKH University of Vienna, Währinger Gürtel 18-20 A-1090 VIENNA Austria							
ull Name of	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	1 /2	DATE			
Inventor, if any:		Kraft	ST-SUKTOCK M	12/1-	4.11.1987			
see above	Dietrich RESIDENCE (City, State			CITIZENSHIP	l			
		Not start a						
		Vienna, Austria POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
		.8/1, A-1170 VIENT						
一 ① 如 Name of	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		*DATE			
inventor, if any:	Hans	Grönlund	Klin (al	re	971028			
see above			100-20	CITIZENSHIP				
~ <u>]</u>	RESIDENCE (City, State			Gradiah				
iej F	Lidingö, Swe	ESS (Complete Street Address includ	ing City, State & Country)	Swedish				
ā f		14, S-181 57 Lid:						
=		FAMILY NAME	INVENTOR'S SIGNATURE		*DATE			
Till Name of =thventor, if any:	- GIVEN NAME	FAMILT NAME						
See above	=======================================			CITIZENSHIP				
u W	RESIDENCE (City, Stat	e & Country)						
		RESS (Complete Street Address include	sine City State & Country)		<u> </u>			
<u> </u>	POST OFFICE ADDR	1233 (Complete Street Address Include	ang only, out a commy					
	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		*DATE			
Full Name of trwentor, if any:	GIVEN NAME	TAMILI HAML						
see above	RESIDENCE (City, Sta	As & Country)		CITIZENSHIP				
	HESIDENCE (City, Sia	ne a Country)						
	POST OFFICE ADD	RESS (Complete Street Address inclu	ding City, State & Country)					
	POST OFFICE ADDI							
Euit Name of	IGIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE			
Full Name of Inventor, if any:								
see above	RESIDENCE (City, Sta	ate & Country)		CITIZENSHIP				
	1,20,02,102 (0.1). 31	••		1				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
	FOOT OT TOE MODIFIED TOTAL TO THE STATE OF T							
	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		*DATE			
Full Name of Inventor, if any:								
see above	RESIDENCE (City St	ate & Country)		CITIZENSHIP				
	MEGIDENCE (City, St	RESIDENCE (City, State & Country)						
•	POST OFFICE ADD	RESS (Complete Street Address incli	uding City, State & Country)					
	FOST OFFICE ADD	(compute creat received men						
Note: Must be completed — date this document is								
- date this document is signed.								

a triple to e